

COLORADO METHAMPHETAMINE TASK FORCE

Meeting November 5, 2010

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St., Denver, CO

FINAL

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Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Charlie Smith, Acting Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Attendees: John Suthers; José Esquibel; Charles Smith; Chele Clark; Rachel Allen; Nancy Burke; Michael Root; Leslie Herod; Liz Hickman; Val Kalnins; Dan Kaup; Janelle Krueger; Melissa Gallardo; Dan Rubinstein; Jeanne Smith; Nick Taylor; Kathy Wells

Guests: Colleen Brisnehan; Dennis Dahlke; Kent MacLennan; Helen Kaupang; Jennifer West; Nicola Erb; Stacey Read; Jackie Westhoven; Charles Davis; Joyce Washington; Sharon Langendaerfer

Introductions: Attorney General John Suthers welcomed the group.

Review and Approval of Minutes: August 6, 2010 were approved by motion and approved.

Announcements from the Task Force:

John Suthers – My Office is just now starting to look at our legislation calendar. Currently, we are looking for a sponsor for legislation regarding synthetic drugs.

Dan Rubinstein – CJJD is looking at what other legislation in the area. We are looking at doing some work with the bond effect and how to seal records. Also talk about different level of crimes

Janelle Kruger - Reported out that some grant money was received for the program, 1 year grant. This will impact the schools. It will be interesting to see the effect of the loss of the safe and drug free schools money. Currently we are tracking reasons for expulsion in the at risk school children, this number is up 8% up in schools.

The safety center is going to use some of the money to do meeting to talk about substance abuse issues. Substance abuse will be included in the 2 day trainings that they do.

Charlie Smith – We received Access to Recover (ATR) grant money worth 13 million last month. We are starting to set up the system to send out the money. This grant was built off the last grant so the structure should be unchanged.

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Nick Taylor – Nice to be back, Delta County now has SBIRT. The western slope is a little unique because we have a recovery support system in place and we have a complete screening and treatment system in place now.

José Esquibel - SBIRT – We are in our last year of this grant. Colorado is the gold standard for implementing SBIRT. We are going to look for partners to find way to continue do the brief screening. We will be bringing some things to the table for support.

Kent MacLennan – Colorado Meth project. We are still working with the communities, Weld Country just finished up some of its projects. Pueblo is also another community that we work in; we had a booth at the Chili Festival this summer. We will be working with metro Denver, Larimer County and Morgan County in Feb and March.

What kind of data are you collecting? We would like to add this to the Annual Report that will be written soon. Get hold of Kent for his data to add to the report.

Election Impacts:

Rachel Allen - Medical Marijuana Election results. There are 27 counties, 25 banned and 2 counties allowed them.

Two bills 109 and 184 will narrow and define the language. The legislation will be more narrow and defined.

John Suthers – Be assure that the transition to the new governor will be made aware of the work that we are doing and the work of CDJJ

Rural Law Enforcement Meth Initiative

Nicola Erb, RLEMI Coordinator

Our initiative is up and moving. The rural areas are still struggling with this problem. We have done a lot of data collection and need to blend it with the dashboard. We need to work with others to expand the information.

The intent of this work is to work with rural areas that do not have the resources or the people.

- The 16th Judicial District is one of the areas that we are working with, Otero, Bent and Crowley counties. We are also working with La Junta and there are plans to go will go back to do some follow up work.
- 13th Judicial District has scary data.
- The Drug and Endanger Task Force in now in the 9th Judicial District; Garfield and Rio Blanco counties.
- Elbert County is now a pilot area. 21 people were interview and there are few left to do. The recovery piece still needs to be put in place.
- We are working with Tanya to set up training in the 4 areas that we are looking at

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and are currently working Bert to get the ATR money into the communities that we are working with.

- There are a number of connections being made within the task force. We are currently looking at ways to do parenting classes and to get the communities more involved in building recovery networks.
- Our budget is \$20,000; we are hoping to pay for the training, maybe spending \$5,000 per community.
- This project ends in August.

COMMENTS:

- JAG money was originally set up for new programs and for many years drug task force were exempted and continued to receive this money. In recently a review of JAG it was decided that programs now must prove evidence based outcomes to continue getting money. The JAG Board has adopted the practice of evidence-based programs.

National Pharmaceutical Drug Take Back Initiative

Helen Kaupaang, Div

National pharmaceutical drug take back 9-25-10 ended up being quite the project.

Short summary of the day's events

- We partnered with PEER Assistance, Beverly Gmerek, Mike from the Attorney General's office and the Health Department. There were a total of 94 take-back sites and in the four hours that the sites were opened over 4.5 tons of drugs were taken back.
- We will be doing this again; looks like in April and will expended the hours.
- The posters didn't get sent out to all we wanted, but the turnout was good.
- The program used drive through sites and walk in sites
- Each site set up its own way to collect the drugs, the only thing that we told them was there was to be no identifying names on the collected drugs.
- Health Dept has some programs in King Soopers, communities have been doing these take back programs.
- There was a number of interesting stories about some of the drugs turned in, for example a doctor had died and the family didn't know what to do with all the drugs left in his office and were happy to hear about this take back program so that they could turn in all the drugs.
- All were brought back to the Denver office and were taken to Bennett, to the destruction site.
- Colorado 9,257.8 pounds of prescription drugs collected, in Utah 3,076.8 pound of prescription drugs collected, Montana 1, 195.5 and in Wyoming 662.2 pound collected.
- One interesting fact, only one area in rural Colorado did not have one person drop off

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- John mentioned that he worked at the Colorado Springs drop site and noticed that there were two types of people who dropped off prescriptions: older persons who were happy to have a place to drop off the drugs and environmental concerned people.
- Top 3 priorities from the Government this year are:
 - Mexico
 - Afghanistan
 - Prescription drugs abuse

Helen will come back in Feb 2011 to give an update.

Dan Rubinstein – National Awareness Week. We are talking about 1 out of 3 high school students using household drugs. The mindset of these students is it is okay to take Grandma's drugs because they come from a pharmacy and they can't be bad for you.

We need to educate the public that prescription drug use is as dangerous as taken illegal drugs.

Substance exposed newborns subcommittee

Recommendations to State Meth Task Force

Overview of the DEC/SEN Conference

Kathy Wells

The discussions were centered on prescription drugs and alcohol issues, using a panel format. The issues were; family awareness, law enforcement, and child welfare. We talked about substance abuse among pregnant women. The child welfare discipline was well represented.

Jade will report out at our next meeting.

The aim of this paper is to clearly identify the issues and information that will assist policy makers, service providers and other interested parties in Colorado in meeting the CAPTA requirements. The paper is designed to provide a brief review of the literature related to these issues and recommendations for collaborative strategies to address the use of AOD by pregnant and parenting women as well as the environmental conditions for children and infants. This paper is framed around the "Five Points of Intervention" that can reduce the potential harm of prenatal and post-natal AOD use (Young, et al, 2008): These five points can reduce the potential harm of prenatal and post-natal AOD use:

- **Pre-pregnancy**-Promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members;
- **Prenatal**- Identification of substance use in pregnant women and referrals that facilitate access to treatment and related services for women who need those services;

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- **Birth-** Interventions to identify substance exposed newborns at the time of delivery;
- **Neonatal-** Enhance the developmental assessment and corresponding provision of services for the newborn as well as the family immediately after the birth event;
- **Throughout Childhood and Adolescence-** Encourage ongoing provision of coordinated services for both child and family.

This white paper is in its draft stages. One of the areas that we are focusing on is public awareness. We are considering billboards someday to get this information out there. We are also looking at how we can use the SBIRT model to continue this work.

Another issue is the needs of children throughout their lives. We are not able to track a child throughout their life esp. if you are looking at alcohol or drug use by mother.

We believe that everyone should be screened and the dialog needs to happen. The benefit of testing is to help the mother but the issue is what you do if the women tests positive?

From the Child Welfare – it is not an issue if there are no other children, we can't touch this baby until it is born. There should not be criminal action because you can't treat pregnant women different then non pregnant women.

Testing the baby is another issue. Some hospital say yes and others say no. The committee is on the fence over this issue. Testing babies and what do we do with this information if they test positive? We are still working on this; we want this task force to help us come up with clear cut processes to be followed across the board.

Why does it have to be a criminal connection to the testing of the baby?

Baby being born positive for an illegal substance; we must report this to child welfare. Law enforcement usually doesn't act on this. Most hospitals are saying we won't test. Some states are saying if we test it doesn't become a criminal act. Should we study it more? Do we need to start to support this, call it what it is a safety issue for the children. Protect the children first, not criminally act on.

We need to go to the CCJJ drug task force. We have a juvenile task force that is actively looking at this issue. Our next meeting is Wednesday.

COMMENTS:

- The DA's are not interested in prosecuting these women, they are looking at the safety issues of the child/children. As we start pushing forward on this we should look at this as criminal issues. This is going to get very complicated.
- We need to look at this across the board. We need to provide more treatment for

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women and we need to start with treatment. Use all of our resources, SBIRT, primary care; use the treatment dollars to look at these issues. We need to treat and prevent this

- What about the partner in the home? Do we look at treating this person? How can we treat someone different, in the judicial arena that are using vs. the non-users?
- If you test the child, the treatment should be tied to the child not the adult. It takes the criminal aspect away from the child. That child needs the treatment and based the treatment on that.
- Who is our audience? If it is the doctors, how do we get them to understand the issues?
- It is still illegal to expose a child to drugs and it is illegal for a child to test positive. There are a number of issues to consider with this.
- SBIRT – over 50% tested are women. Perhaps we can look at this data and see what each site is doing to address the issue with pregnant women? Let's look at the data collected. How does SBIRT get in and around legal issues?
- Another model might be the model used to test school children. The school district model is set up to not share with the law enforcement if tested positive. The testing will not be shared with the schools or the law enforcement.
- Look at this as the huge umbrella it is easy to tie the referral to prenatal issues. Look at it as a referral to treatment. Use residential treatment, a safe house for substance. Use the probation people, to help do some of this work. There are a high number of risk factors to this. We don't need a new system use the neglect and referral system. The statute would need to be change to reflect this. To get the criminal justice, also use the child welfare action team.

Four action items

Dan will coordinate with CCJJ

SBIRT pull out data for pregnant children

Charlie will work on linking with welfare and CCJJ

Have a meeting with Dr. Wells and the SBIRT staff; commission and child welfare action team must be linked

Best Practice

Co-Chair José Esquibel

Out of the six priorities that were decided on for this committee to focus on; this one is lagging behind. We want to put this information on line. We have made great progress with the TA pieces and this is due to the DEC. We may need to revisit a new way to collect this information. The system in place now is not working.

How are we trying to decide what a Best Practice is? We are finding this to be an issue. We are trying to collect information based on the Blue Print wheel and not necessary on the evidence based. There is a place on the new form that asks for outcomes but we are

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still not getting the information needed.

This is one area that we need to review and figure out what else we need. We will present something in February.

UPDATES:

Environment Issues:

- José and Colleen met and put together a memo to our CMO to be sent out addressing the disposal of medical marijuana waste. We have not made any progress on this.
- If it is not schedule 1 we have a way to get rid of. There has been a side conversation but nothing has been decided. José and Colleen will discuss this with Chief Medical Officer Lisa about how to go forward and then will talk to the Executive Director. That is assuming that the grow operations can be regulated. Dept of Revenue is requiring camera in the operations but that is the only regulation that is in place. Mold is not regulated, because it is natural process. The waste is still the number one concern.

Data Committee:

- We will work with OMNI, state meth force has \$5,000 to do some of this work. Nicki will also be looking at the data.
- State level dashboard and how it aligns with the data of at the community level.
- DCJ data is under this state statistical analysis system. The state doesn't track this.

Prescription Drug Abuse:

- Not much national legislative meeting. The frequency of transmitting information is 7 days, no system has real time
- Legislation will be assigned to run a bill because it is a sunset bill. Physician Board of Pharmacy or the pharmacy are the only ones who are access the records. Only a waiver can give them the information. Going 7 days give us federal money Every 15 day to a 7 day system
- Real time system is ahead of its time. Federal Health Care, prescription is going electronic and the smaller ones will be going toward this electronic. The legist will come through the sunset arena.
- They are always looking at getting away with the cap \$7.50

Priority Areas for 2011

Six priority areas for this year

1. Support and TA to local communities – the partnership with DEC and now with Nicki has help. We have several new DEC in their communities.
2. State Meth Force data is back on track
3. Best Practice
4. Drug prescription
5. Environmental issues
6. WHAT IS NUMBER 6

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Discussions:

Between now and Feb what do we want to take on as new priorities?

- John feels very strongly despite the name of our committee we need to stay engaged with the drug prescription issues facing this state.
- Get good data run on where we stand as trends
- John is getting very conflicting reports on Meth. We know we had a huge meth problem and we are getting mixed messages on the price. What is the good picture of what is the price of meth? Can we drill down and get a good picture of this?
- We may want to ask the state epi group to come in here and give us a presentation
- Prescription users are the “old meth” users. They are showing up in the courts now.
- We have been getting the message out so now users are moving into other arenas.
- Be aware of the last legislation, some CCJJ bills were created for new treatment dollars to be spent. Jeanne anticipates that some interested parties to move that money one way or the other, it is important for us to be aware of this. We may need to weigh in on the movement. We need to keep this in mind 2 things as this money is being pushed around, no evidence based is being set, and the areas that need the money can’t put together a treatment center so how can we move that population to the treatment centers?
- Carmelita has been on the committee and she will share the white paper that was written to show where the money is and where it went. We need to look at the money that was brought into the state but the money has not been spent. The white paper would be a good place to look at. We have silo money and no ways to get it to the community.
- There is a tremendous at-risk population of young adults. There needs to be new legislation for people that sell to a person under 15, by a person of a person of 18.
- It is interesting to see that some of these communities are reducing the buffer zone between a school and medical marijuana location; some are going to 300 feet between selling locations and school age students.
- We need to address the “legal” parts of the legal areas. A license person can buy marijuana and then turn around and sell it to the younger children. .

Next year’s meeting schedule

Feb 4, 2011
May 6, 2011

Aug 5, 2011
Nov 4, 2011

State Meth Task Force Annual Report

The report will be done by the 6 priorities. José will create the draft report and may be contacting members for input.

Are there priorities that you want to see in the annual report?

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- Prescription drug use needs to be upfront
- Language to recognize that we are able to do other issues
- Trend following meth use to drug prescription

Closing comments

Attorney General Suthers: Thank you all for your continued and dedicated support of this committee, especially when the committee was created by the legislation. Groups usually have a wearing down of attendance and this group continues to do good work. We have been given the responsibility to look at the issues and I have a feeling that we will continue to be a productive and meaningful committee that will continue to address Colorado's drug use problems and issues.